

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type:: REGULAR  
Subject Matter:: UTILITY  
Suggested Group Art Unit:: 1635  
CD-ROM or CD-R?:: NONE  
Sequence Submission?:: PAPER  
Title:: COMPOSITION AND METHOD FOR IN VIVO AND IN VITRO ATTENUATION OF GENE EXPRESSION USING DOUBLE STRANDED RNA  
Attorney Docket Number:: 275.00030103  
Total Drawing Sheets:: 8  
Small Entity?:: YES  
Licensed US Govt. Agency:: United States Public Health Service  
Contract or Grant Numbers:: HL36059, HL51533, HD17063

### INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: People's Republic of China  
Status:: FULL CAPACITY  
Given Name:: Yin-Xiong  
Family Name:: Li  
City of Residence:: Augusta  
State or Province of Residence:: GA  
Country of Residence:: USA  
Street of Mailing Address:: 1011 Hickman Road  
City of Mailing Address:: Augusta  
State or Province of Mailing Address:: GA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 30904

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: USA  
Status:: FULL CAPACITY  
Given Name:: Michael  
Middle Name:: J.  
Family Name:: Farrell

City of Residence:: Canoga Park  
State or Province of Residence:: CA  
Country of Residence:: USA  
Street of Mailing Address:: 7043 Laramie Avenue  
City of Mailing Address:: Canoga Park  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 91036

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: USA  
Status:: FULL CAPACITY  
Given Name:: Margaret  
Middle Name:: J.  
Family Name:: Kirby  
City of Residence:: Augusta  
State or Province of Residence:: GA  
Country of Residence:: USA  
Street of Mailing Address:: 2301 Laurel Lane  
City of Mailing Address:: Augusta  
State or Province of Mailing Address:: GA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 30904

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/038,984	01/04/02
10/038,984	Continuation of	09/493,301	01/28/00
09/493,301	Non-Provisional of	60/117,635	01/28/99
09/493,301	Non-Provisional of	60/175,440	01/11/00

#### ASSIGNMENT INFORMATION

Assignee Name:: Medical College of Georgia Research Institute, Inc.  
Street of Mailing Address:: 1120 15th Street  
City of Mailing Address:: Augusta  
State or Province of Mailing Address:: GA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 30912